

**Children's Cabinet
Work Group on Trauma Informed Care**

*Thursday, October 17, 2019
10:00 AM - 12:00 PM
Patrick Henry Building, West Reading Room
1111 E. Broad Street
Richmond, VA*

Members Present: Stephen Stark (call-in), Shardell Gerald (call-in), Valerie Slater (call-in), Christian Paasch (call-in), Dr. Sandy Chung, Nina Marino, Melissa McGinn, Michael Gregory, Heather Board, Nicole Poulin, Connie Honsinger, Nancy Fowler, Nichelle Carver, Dr. Alton Hart, Amy Atkinson, Laurel Marks, Lisa Specter-Dunaway, Emily Griffey, Jeanine Harper, Carol Wilson, Scott Reiner, Cristi Lawton, John Saley (representing Mindy Carlin), Jim Nankervis, Alyssa Ward

Staff Present: Gena Berger, Chidi Uche, Laurie Crawford, Holly Coy, Connor Andrews

MINUTES

I. Welcome and Announcements, *Gena Berger, Deputy Secretary of HHR*

- Maternal Health Listening Sessions are still happening statewide. Richmond's session will be October 28 at the Richmond Public Library, Main Branch
- Laurie Crawford requested members suggest any 2020-2021 conferences/summits that LSC should consider for presentations/trainings

II. Overview of Agency Budget Requests around Trauma Informed Care, *Gena Berger, Deputy Secretary of HHR*

Upcoming Trauma-informed budget requests around TIC were presented.

- A. "Proposed Investments in Workforce" from within DSS, DMAS, DOE, DBHDS, OCS
1. Prevention services are a significant part of preventing trauma from happening but also by reducing likelihood of retraumatization.
 2. Specific focuses include mental health providers in low-income communities and regions. Standards of Quality recommendations from the BOE are to further reduce the school counselor ratio, as well as a new proposal to create new ratios for school psychologists, nurses, social workers, and behavioral health positions. DBHDS has requested a coordinator and regional ACE coordinators to manage trainers.
- B. Proposed Investments in Trauma-Informed Services & Models
1. BOE recommendation in the Standards of Quality – consolidate a new equity fund to concentrate on areas with high poverty rates. This would cover staff hiring, compensation efforts, instructional interventions, etc.

2. DMAS has put in proposals on maternal health efforts such as expanding ARTS services, expanding postpartum coverage, and removing barriers for immigrant families
3. Child welfare program improvements including creating centralized family recruitment model, helping local departments recruit foster families, providing relative maintenance payments, and fund prevention services under FFPSA. Implementing Family First
4. Anti-poverty and food security package, removing barriers to TANF for drug-related offenses, as well as funding to sustain the LSC model of service delivery
5. DHCD put in a request for a staff member who would be focused on at-risk youth, youth homelessness and they will work across the systems and agency but on youth specific issues.
6. Stakeholder Proposals:
 - i. VMAP proposal to expand on access
 - ii. Funding for FACT to support the community networks

III. Updates from the TILT, *Chidi Uche, Advisor on Childhood Trauma & Resiliency*

A. Statewide Resiliency Dashboard and Outcome Measures

1. Recommendations from TIC WG last year:
 - Develop short and long-term resiliency metrics and dashboard; identify systems changes needed to share data.
 - Develop legislative and budget recommendations
 - Share executive branch agency activities and best practices around TIC
 - Fulfill work of LSC grant (toolkit, executive branch agency policy review, statewide rollout)
2. TILT has been working, in collaboration with Virginia's Chief Data Officer, to narrow down potential measures of social determinants of health that will make up Virginia's Statewide Resilience Scorecard. Participants broke into small groups to discuss and give feedback on the measures in each of the following four areas:

Community/Family Resilience

- Premature in trying to include Use of Universal Screening Tool b/c there is no universal screening tool
- TI Workforce: Add # of staff certified in evidence-based practices (if possible to measure)
- Availability of SUD/MH Providers: Should use ratio. How to measure this item? Can look at # of healthcare providers who have applied and received waiver.
- Diversion rate is easily accessible, and data is much better
- School counselor ratio is easily accessible

Systems of Care

- Remove family from title because these measures don't reflect the family
- Use numbers rather than % of Virginians with health insurance
- Consider adding # of Virginians who are uninsured
- Challenging to look at community level measures in a statewide scorecard
- Remove median earnings because living wage gets at that topic
- Teen Pregnancy is a good measure but doesn't fit in this category
- Child Care Access: do we want to look at affordable access?
- Consider adding access to *safe* and affordable housing.
- Need to add suicide rates going somewhere
- Add community violence
- Add adolescent SUD
- Be sure to look at disproportionality across categories

Prevalence of Trauma

- Food Insecurity: Focus on households or community? Need to determine.
- Add child abuse as a category, inclusive of physical and sexual abuse (CPS founded cases)
- Consider adding domestic violence
- Within each indicator (across all categories), need to track demographic data to highlight and track any disparities
- Some things under Childhood Resilience are actually not resiliency measures. Should be moved to trauma category (e.g. bullying, suspension)
- Consider that rates that appear to be negative could be community resiliency factor (e.g. # of protective orders issued could mean that community is very responsive to domestic violence)

Childhood Resilience

- Consider changing title: Separating community resilience from child resilience. Perhaps call it Risk and Resilience because these are not all resilience measures
- Look at chronic absenteeism rather than truancy
- Consider looking at *On Time* Graduation Rate
- Schools: Look at # of at risk children receiving services, # of divisions participating in VTSS
- Adding home visiting (here or in another place)
- Add measures of how well are we doing (outcomes, self-assessment measures such as Ages and Stages Questionnaire)
- Consider using three driving questions at the top of scorecard and then look at measures with those questions in mind (What are we doing? What are the outcomes? Is anyone better off?)

General Comments:

- Note that this is a *state level* dashboard, so it won't be looking at community level data

- Need to look at systematic racism (measures of racial trauma do exist)
- Need to re-examine titles of each category, particularly Childhood because these are not measures of resilience
- Consider looking at # of state contracts that require paying the living wage

B. Promoting Resilience in State Government Workforce

Ran out of time so this will be pushed to the next meeting.

IV. Recommendations from the Linking Systems of Care Policy Review Committee, Laurie Crawford, Project Manager (LSC)

- A. Several events including a service-provider survey, cross-system mapping event of service providers, listening tour with families and community members. All of the collected data were sorted into themes which allowed us to create some recommendations.
1. Cross-Systems Collaboration
 2. Trauma-Informed Screening
 3. Universal Access and Equity
 4. Coordinated Services
 5. Workforce Development

Feedback on the recommendations:

- Consider being less specific on collaborative efforts, or a specific tool/assessment
- Workforce development should also be inclusive of all staff
- Suggestion to reorder the recommendations with *Universal Access & Equity* as the first priority area
 - Suggestion to change the title to “Guiding Principles” or a vision

Work Plan Development, Chidi Uche, Advisor on Childhood Trauma and Resiliency

Ran out of time so this area will be a discussion at the next meeting.

Meeting adjourned at noon.